NOMIN	ATING	SHARFL	IOLDERS

CANDIDATE FULL NAME:		

➤ Please complete <u>all</u> fields of information for your nomination

	Full Name of AWI Shareholder Please include Shareholder reference Number if available (Please print)	Contact details (Address (incl. postcode) and phone number(s))	Signature (for joint holding, any joint holder may sign)	Date
1				
2				
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10				

(Please provide and attach additional pages with the details and signatures of the required total of 100 or more eligible shareholders supporting the nomination of the above named candidate)

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